

Case Number:	CM15-0187395		
Date Assigned:	09/29/2015	Date of Injury:	10/07/2009
Decision Date:	11/12/2015	UR Denial Date:	08/24/2015
Priority:	Standard	Application Received:	09/23/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 65 year old male who sustained an industrial injury on 10-07-2009. On 01-08-2015, the injured worker underwent left shoulder arthroscopy with removal of impinging metallic anchor, removal of retained sutures, debridement with revision acromioplasty and manipulation under anesthesia and debridement of superior labrum tear. According to records, the injured worker attended physical therapy following surgery. These physical therapy progress notes were not submitted for review. According to the most recent progress report submitted for review and dated 07-07-2015, the provider noted that the injured worker completed 12 sessions of physical therapy and had been authorized for 12 more sessions. He had about 8 more sessions left out of the 12. He reported that he did have some regression with missing 2 months of physical therapy while waiting for authorization for additional physical therapy. He felt that he was making gradual progress. He was able to lift his arm farther out to his side than before. He was not quite at 90 degrees. He was having some cracking pain in the right shoulder lately and pain in the left side of the back. He also had bilateral knee pain and had been recommended for total knee replacement in the past. Current medications included Lidoderm 5% patch, Docusate Sodium, Naproxen, Glipizide and Metformin. Objective findings included diffuse tenderness in the left shoulder and atrophy in the left upper extremity. Strength in the left upper extremity was 3 out of 5 with abduction, 4 out of 5 with forearm flexion, 3 out of 5 with forearm extension and 4 out of 5 with wrist extension. Diagnoses included pain in joint lower leg and generalized osteoarthritis of lower leg. The provider noted that the injured worker would finish out his physical therapy and progress would be monitored with self-

directed exercise afterwards. Work status included work restrictions. On 08-24-2015, Utilization Review modified the request for additional post-operative physical therapy to the left shoulder 12 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Additional post-operative physical therapy to the left shoulder, 12 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment 2009. Decision based on Non-MTUS Citation ACOEM, Chapter 7: Independent Medical Examinations and Consultations, page 114; ODG Physical Therapy Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment 2009, Section(s): Shoulder.

Decision rationale: Based on the 7/7/15 progress report provided by the treating physician, this patient presents with chronic left shoulder pain and bilateral knee pain. The treater has asked for Additional post-operative physical therapy to the left shoulder, 12 sessions on 7/7/15. The request for authorization was not included in provided reports. The patient is s/p left shoulder arthroscopy for rotator cuff tear and massive tendon deficiency from 1/8/15 per operative report of the same date. The patient had 10 sessions of physical therapy as of 4/14/15 report. The patient was s/p 12 sessions of physical therapy and received mild benefit per 6/9/15 report. The patient is s/p 20 sessions of physical therapy, but had some regression during 2 months of absence from physical therapy while awaiting authorization per 7/7/15 report. The patient is able to lift his left arm farther out to his side than before, and is making gradual progress per 7/7/15 report. The patient is having some pain/cracking at his right shoulder lately, and also has left-sided back pain due to how he is holding left shoulder per 7/7/15 report. The patient's work status is restricted as of 7/7/15 report. MTUS, post-surgical guidelines, page 26-27 states that "Rotator cuff syndrome/Impingement syndrome (ICD9 726.1; 726.12): Postsurgical treatment, arthroscopic: 24 visits over 14 weeks; Postsurgical physical medicine treatment period: 6 months." The patient is s/p 20 sessions of postoperative physical therapy for his shoulder. The patient has had mild benefit from prior physical therapy, but has regressed during 2 months of absence while awaiting authorization. The patient has persistent pain of left shoulder, with remaining deficits in range of motion (left arm abduction at 3/5 and not quite able to lift his left arm to 90 degrees) as of 7/7/15 report. However, the patient is outside of the 6 month treatment period allotted by guidelines. In combination with prior 20 sessions, the current request for an addition 12 sessions exceeds MTUS post-surgical guidelines which allow 24 visits. There is no documentation of a home exercise program which this patient should be able to transition to. Therefore, the request is not medically necessary.